

CONCILIATION SERVICES
OF
THE SUPERIOR COURT OF THE STATE OF ARIZONA
MARICOPA COUNTY
<http://www.superiorcourt.maricopa.gov>

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FAMILY EVALUATION QUESTIONNAIRE

The following questionnaire is required to begin the Dispute Assessment/Family Evaluation. Please complete every question. Write "none" if the question does not apply. Then please sign where indicated at bottom page 8. Thank You.

PLEASE PRINT

Identifying Data: Parent

Your Present Name		Other names by which you are known		
Date of Birth	Age	Social Security Number	Birth Place	Religion
Address	City, Zip	Home Phone	Business or Message Phone	
e-mail address				

Identifying Data: Children

1.	Child's Full Name	Date of Birth	Who he/she lives with
	School / Day Care	Address, City, Zip	Telephone
	Grade	Teacher's Name	Hours of Attendance
2.	Child's Full Name	Date of Birth	Who he/she lives with
	School / Day Care	Address, City, Zip	Telephone
	Grade	Teacher's Name	Hours of Attendance
3.	Child's Full Name	Date of Birth	Who he/she lives with
	School/Day Care	Address, City, Zip	Telephone
	Grade	Teacher's Name	Hours of Attendance

List all your other children not involved in this court action:

Name: _____ DOB: _____ Living with: _____

Name: _____ DOB: _____ Living with: _____

INFORMATION ABOUT THE CHILDREN INVOLVED IN THE COURT ACTION

Describe the parenting-time arrangements the Court has ordered for your children:

With Father: _____

With Mother: _____

Describe your current parenting time arrangements, if they differ from what the Court has ordered:

With Father: _____

With Mother: _____

Has legal custody been ordered by the Court? (If yes, describe) _____

Physical Health:

List the children's physician or health care provider: (Complete name, address, and telephone)

Do any of the children have physical problems which require regular medical care and/or medications? (If yes, explain)

Mental Health:

Do any of the children presently have emotional problems? (If yes, explain)

Have any of the children been evaluated or treated by a psychiatrist, psychologist, social worker or counselor? (If yes, please complete section below)

● _____
Child's Name Presenting Problem

● _____
Therapist's Name, Address, and Telephone Date(s) Seen

● _____
Child's Name Presenting Problem

● _____
Therapist's Name, Address, and Telephone Date(s) Seen

INFORMATION ABOUT THE PARENTS

Residence History:

List your previous addresses for the last 5 years, beginning with the most recent.

Address	Date Moved In	Date Moved Out	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List other people who regularly spend time in your home.

Name: _____ DOB: _____ Relation to you: _____

Name: _____ DOB: _____ Relation to you: _____

Name: _____ DOB: _____ Relation to you: _____

Employment History:

List your employers for the last 5 years.

- | | | |
|---------------------------------|-----------------------|-------------|
| Present Employer | Address | City, Zip |
| Supervisor's Name and Telephone | | Type of Job |
| Date Begun | Current Work Schedule | Days Off |
- | | | |
|---------------------------------|--------------------|-------------|
| Past Employer | Address | City, Zip |
| Supervisor's Name and Telephone | | Type of Job |
| Date Begun/Date Left | Reason for Leaving | |
- | | | |
|---------------------------------|--------------------|-------------|
| Past Employer | Address | City, Zip |
| Supervisor's Name and Telephone | | Type of Job |
| Date Begun/Date Left | Reason for Leaving | |

Legal Information:

Attorney: _____
Name Address, City, Zip Telephone

e-mail address

Has either parent been charged, arrested, convicted of a crime, on parole, on probation, or otherwise been involved with law enforcement agencies?

Mother: Yes ☐ No ☐

Father: Yes ☐ No ☐

If yes, please give details (law enforcement agencies involved, name and telephone of probation and/or parole officer, dates of involvement)

Physical Health:

List your physician or health care provider: (Complete name, address, and telephone)

Do you or the other parent have a health problem that impairs your ability to care for the children?
(If yes, explain)

Drug and Alcohol Use: (Answer questions 1 through 7, yes or no.)

1. Has either parent used illegal drugs? Mother: Yes ☐ No ☐ Father Yes ☐ No ☐

2. Has either parent used alcohol? Mother: Yes ☐ No ☐ Father Yes ☐ No ☐

Frequency _____

3. Does either parent currently use illegal drugs? Mother: Yes ☐ No ☐ Father Yes ☐ No ☐

4. Does either parent currently use alcohol? Mother: Yes ☐ No ☐ Father Yes ☐ No ☐

5. Has either parent been treated for substance abuse? Mother: Yes ☐ No ☐ Father Yes ☐ No ☐

(If yes, where and when did treatment take place) _____

6. Does either parent have a substance abuse problem? Mother: Yes ☐ No ☐ Father Yes ☐ No ☐

(If yes, explain)_____

7. Has either parent participated in drug/alcohol testing in the past two years?

(If yes, explain)_____

Mental Health:

Has either parent ever been hospitalized for emotional or psychological problems?

Mother: Yes ☐ No ☐

Father: Yes ☐ No ☐

Treatment Center: _____ Admission Date: _____

Treatment Center: _____ Admission Date: _____

Has either parent ever seen a psychiatrist, psychologist, social worker or counselor on an outpatient basis? (If yes, please complete section below)

Mother: Yes ☐ No ☐

Father: Yes ☐ No ☐

Therapist's Name	Address, City, Zip	Telephone
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Date(s) Seen	Presenting Problem
--------------	--------------------

Therapist's Name	Address, City, Zip	Telephone
------------------	--------------------	-----------

Date(s) Seen	Presenting Problem
--------------	--------------------

Therapist's Name	Address, City, Zip	Telephone
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Date(s) Seen	Presenting Problem
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Are you or the other parent currently taking medication for the treatment of emotional problems?
(If yes, name the medication)

Has either parent threatened or attempted suicide? (If yes, explain)

Relationship History:

Current Spouse:

Name (maiden)	Date of Birth	Social Security Number
Date of Marriage	Date of Separation	Name and ages of children

AND/OR

Current Significant Other:

Name	Date of Birth	Social Security Number
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How long have you known this person? _____

Are you living with this person? If yes, for how long? _____

Are you presently contemplating marriage? If yes, when? _____

If you have children with this person provide their names and ages.

List all prior marriage and live-in partners, beginning with the most recent. (Use maiden name for prior marriage partners)

●

Name	Date of Birth	Social Security Number	
Date Moved-in together	Date Married	Date Separated	Date Divorced
Names and ages of children born to the relationship			

●

Name	Date of Birth	Social Security Number	
Date Moved-in together	Date Married	Date Separated	Date Divorced
Names and ages of children born to the relationship			

●

Name	Date of Birth	Social Security Number	
Date Moved-in together	Date Married	Date Separated	Date Divorced
Names and ages of children born to the relationship			

Domestic Violence/Child Abuse:

1. Have any of the following occurred between you and the other parent?

Verbal confrontation? No ☐ Yes ☐

Physical confrontation? No ☐ Yes ☐

Violence to property? No ☐ Yes ☐

2. Have the police been called to protect or intervene due to a dispute between you and the other parent?

No ☐ Yes ☐

3. Has an Order of Protection ever been issued against you or the other parent?

No ☐ Yes ☐

If yes, which court issued the order and when? _____

4. Is there a current Order of Protection?

No ☐ Yes ☐

Have you, the other parent and/or any of the children been involved with Child Protective Services? (If yes, give date and the name of the caseworker)

ACCESS AND PARENTING-TIME ISSUES

List ways in which the children benefit from their relationship with you.

List ways in which the children benefit from their relationship with the other parent.

Proposed Parenting-Time Arrangements:

Describe the amount of time you think the children should spend with each parent.

With Father: _____

With Mother: _____

Describe how major decisions regarding the children should be made.

Concerns:

List any concerns about the other parent's ability to care for the children.

1. _____

2. _____

3. _____

4. _____

5. _____

What has prevented you and the other parent from resolving this dispute over custody and parenting time?

Signature of person completing this questionnaire

Date completed

REFERENCES

List the names and **COMPLETE ADDRESSES INCLUDING ZIP CODES AND DAYTIME PHONE NUMBERS** of people who know you and your care of the children, and who would be willing to provide a reference for you. The evaluator may or may not contact these individuals.

1. Name: _____

Address: _____

Street

Apartment or Space Number

City

State

Zip

Telephone: _____

Relationship to you or the child(ren): _____

2. Name: _____

Address: _____

Street

Apartment or Space Number

City

State

Zip

Telephone: _____

Relationship to you or the child(ren): _____

3. Name: _____

Address: _____

Street

Apartment or Space Number

City

State

Zip

Telephone: _____

Relationship to you or the child(ren): _____

4. Name: _____

Address: _____

Street

Apartment or Space Number

City

State

Zip

Telephone: _____

Relationship to you or the child(ren): _____